

## Government of the District of Columbia Department of Health



NOTE. This is a sample for application preparation purposes. This information must be keystroked into EGMS.

**Work Plan** 

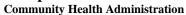
Organization Name:							
Application/Grant Name:							
Project Title:							
Total Request:							
<b>Primary Target Population:</b>							
<b>Estimated Reach:</b>							
<b>Programmatic Contact Person:</b>							
Telephone:							
Email:							

## **Guidance:**

Using the following instructions please complete the chart below:

- Goal: Make sure your goals are clear and reachable, each one should be:
  - o Specific (simple, sensible, significant)
  - o Measurable (meaningful, motivating)
  - o Achievable (agreed, attainable)
  - o Relevant (reasonable, realistic and resourced, results-based)
  - o Time bound (time-based, time limited, time/cost limited, timely, time-sensitive)
- Objective (SMART): Measurable steps your organization would take to achieve the goal
- Key Indicator: A measurable value that effectively demonstrates how you will achieve your objective(s)
- Key External Partner: Who you work with outside of your organization to achieve the goal
- Key Activity: Actions you plan carry out in order to fulfill the associated objective
- Start Date and Completion Date: The dates you plan to complete the associated activity
- Actual Start Date and Completion Date: The dates you actually started and completed the activity
  - o Note: These columns should be entered by you and submitted to your project officer at the end of the budget period
- Key Personnel: Title of individuals from your organization who will work on the activity

## **Department of Health**





ommunity Health Administrati



### **Grantee Work Plan**

**GOAL 1:** Expand the availability of health care transition (HCT) training to school-based health centers (SBHCs) and to community-based mental health providers using evidence-informed HCT interventions and tested quality improvement (QI) methodologies.

## **Measurable Objectives/Activities:**

**Objective #1:** By the end of month 12, partner with School-Based Health Centers and move from customizing and piloting the Six Core Elements of HCT to full implementation in routine preventive and primary care.

Key Indicator(s): Number of students completing HCT readiness assessments, preparation of article on DC SBHC transition quality improvement initiative, number of presentations of SBHC transition results locally and nationally.

Key External Partner(s): DC DOH and SBHCs

Key Activities to Meet this Objective:	Start Date:	Completion Date:	Actual Start  Date:	Actual Completion Date:	Key Personnel (Title)
A. In months 1-9, continue training/coaching SBHC clinical teams as they incorporate transition into routine clinic processes.	10/1/17	6/30/18			Primary Investigator Consultant
B.					

#### Objective #2:

Key Indicator(s):

Key External Partner(s):

Key Activities to Meet this Objective:	Start Date:	Completion Date:	Actual Start  Date:	Actual Completion Date:	Key Personnel (Title)
A.					
В.					

## Objective #3:

Key Indicator(s):

Key External Partner(s):

	Key Activities to Meet this Objective:	Start Date:	Completion Date:	Actual Start  Date:	Actual Completion Date:	Key Personnel (Title)
A.						
B.						

## **Department of Health** Community Health Administration

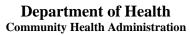






## **Grantee Work Plan**

<u>GOAL 2</u> :						
Measurable Objectives/Activities:						
Objective #1:						
Key Indicator(s):						
Key External Partner(s):						
Key Activities to Meet this Objective:	Start Date:	Completion Date:	Actual Start  Date:	Actual Completion Date:	Key Personnel (Title)	
A.						
B.						
C.			,			
Objective #2:						
Key Indicator(s):						
Key External Partner(s):						
Key Activities to Meet this Objective:	Start Date:	Completion Date:	Actual Start  Date:	Actual Completion Date:	Key Personnel (Title)	
A.						
В.						
C.						
Objective #3:						
Key Indicator(s):						
Key External Partner(s):						
Key Activities to Meet this Objective:	Start Date:	Completion Date:	Actual Start  Date:	Actual Completion Date:	Key Personnel (Title)	
A.						
B.						
C.						





**Grantee Work Plan** 



# GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOAL 3:						
Measurable Objectives/Activities:						
Objective #1:						
Key Indicator(s):						
Key External Partner(s):						
Key Activities to Meet this Objective:	Start Date:	Completion Date:	Actual Start <u>Date:</u>	Actual Completion Date:	Key Personnel (Title)	
A.						
B.						
C.						
Objective #2:						
Key Indicator(s):						
Key External Partner(s):						
Key Activities to Meet this Objective:	Start Date:	Completion Date:	Actual Start  Date:	Actual Completion Date:	Key Personnel (Title)	
A.						
B.						
C.						
Objective #3:						
Key Indicator(s):						
Key External Partner(s):						
Key Activities to Meet this Objective:	Start Date:	Completion Date:	Actual Start  Date:	Actual Completion Date:	Key Personnel (Title)	
A.						
В.						
C.						





## **Department of Health** Community Health Administration **Grantee Work Plan** GOVERNMENT OF THE DISTRICT OF COLUMBIA

<b>GOAL 4:</b>						
Measurable Objectives/Activities:						
Objective #1:						
Key Indicator(s):						
Key External Partner(s):						
Key Activities to Meet this Objective:	Start Date:	Completion Date:	Actual Start  Date:	Actual Completion Date:	Key Personnel (Title)	
A.						
B.						
C.			•			
Objective #2:						
Key Indicator(s):						
Key External Partner(s):						
Key Activities to Meet this Objective:	Start Date:	Completion Date:	Actual Start  Date:	Actual Completion Date:	Key Personnel (Title)	
A.						
В.						
C.						
Objective #3:						
Key Indicator(s):						
Key External Partner(s):						
Key Activities to Meet this Objective:	Start Date:	Completion Date:	Actual Start  Date:	Actual Completion Date:	Key Personnel (Title)	
A.						
B.						
C.						